



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

TXD988044855

10/08/1991

FACILITY NAME ->

LUBRICATION SVC INC #3 WEST
PO BOX 12727

MAILING ADDRESS ->

ODESSA

TX 79763

INSTALLATION ADDRESS ->

4215 SIERRA ST
ODESSA

TX 79763

EPA Form 8700-12AB (4-80)

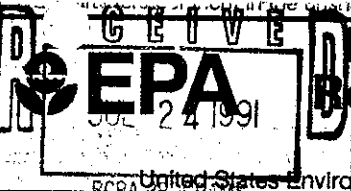
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE
DALLAS, TEXAS 75202

ATTN: RCRA INFORMATION MANAGEMENT SECTION (6H-HI)

TO:

LUBRICATION SVC INC #3 WEST
STRIBLING TULLY SH-FOREMAN
PO BOX 12727
ODESSA TX 79763

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

1109EECX4E55

II. Name of Installation (Include company and specific site name)

LUBRICATION SVC INC #3 WEST

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4215 SIERRA STREET

Street (continued)

City or Town

ODESSA

State

ZIP Code

TX 79763-

County Code

County Name

135 ECTOR

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 12727

City or Town

ODESSA

State

ZIP Code

TX 79763-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

STRIBLING

(first)

TULLY

Job Title

SHOP FOREMAN

Phone Number (area code and number)

915-381-0156

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

4215 SIERRA ST

City or Town

ODESSA

State

ZIP Code

TX 79764-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WILLIAM R MASSEY

Street, P.O. Box, or Route Number

P.O. BOX 12727

City or Town

ODESSA

State

ZIP Code

TX 79768-2727

Phone Number (area code and number)

915-366-4428

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

Yes No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> Generator Marketing to Burner <input type="checkbox"/> Other Marketers <input type="checkbox"/> Burner - indicate device(s) - Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D001 D018 D039

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Della Reynolds

Name and Official Title (type or print)

Della Reynolds - Clerk

Date Signed

7/18/91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)